### **SESSION EVALUATION FORM**

## IMPLEMENTING SELF-MANAGEMENT EDUCATION: **SUCCESSES & CHALLENGES IN ARTHRITIS**

#### **Satellite Conference Evaluation Form April 20, 2004**

12:00 - 3:00 PM Central Time 1:00 - 4:00 PM Eastern Time 10:00AM – 1:00PM Pacific Time 11:00AM - 2:00PM Mountain Time

#### Sponsored by

The Alabama Department of Public Health, The US Centers for Disease Control and Prevention's Arthritis Program and the Directors of Health Promotion and Education (DHPE)

By signing below I verify and confirm that I participated in this event.

| Signature:                |   |           |      |      |      |
|---------------------------|---|-----------|------|------|------|
| Name (print):             |   |           |      |      |      |
| CHES Number:              |   |           |      |      |      |
| 1. Assess your achi       | Learning Objectives  At the completion of the audio-conference, participants will be able to:  1. Discuss strategies for implementing evidence-based chronic disease self-management in community settings.  2. Articulate scientific rationale behind requirements and design of the Arthritis Self-Help C (ASHC).  3. Apply lessons learned from other states in areas such as defining roles, marketing to parand recruiting and motivating leaders. | ourse     |      |      |      |
|                           |   | Excellent | Good | Fair | Poor |
| I am confident I have ac  | hieved Objective #1   |           |      |      |      |
| I am confident I have ac  | hieved Objective #2   |           |      |      |      |
| I am confident I have ac  | chieved Objective #3  |           |      |      |      |
| 2. Please rate the        | following   |           |      |      |      |
|                           |   | Excellent | Good | Fair | Poor |
| Effectiveness of the sate | lite conference as a channel for professional development   |           |      |      |      |
| Relevance of the session  | n content in relation to my needs   |           |      |      |      |
| The learning environmer   | at the site at which I accessed the conference  |           |      |      |      |
| The amount of time prov   | ided for learning session's content   |           |      |      |      |
|                           | 1   |           |      |      |      |

# SESSION EVALUATION FORM

| 3. Please rate each presenter:                               |  | Excellent | Good | Fair | Poor |
|--|--|-----------|------|------|------|
| Kate Lorig, Stanford University                              | Presenter's level of expertise                           |           |      |      |      |
|  | Audience involvement                                     |           |      |      |      |
|  | Contribution of relevant examples to explain the content |           |      |      |      |
|  | Organization and clarity of delivery                     |           |      |      |      |
|  |  |           | II.  |      |      |
|  |  | Excellent | Good | Fair | Poor |
| Teresa Brady, CDC  | Presenter's level of expertise                           |           |      |      |      |
|  | Audience involvement                                     |           |      |      |      |
|  | Contribution of relevant examples to explain the content |           |      |      |      |
|  | Organization and clarity of delivery                     |           |      |      |      |
|  |  | <b>-</b>  | I    | · L  |      |
|  |  | Excellent | Good | Fair | Poor |
| Mari Brick, NY State Health Dept.                            | Presenter's level of expertise                           |           |      |      |      |
|  | Audience involvement                                     |           |      |      |      |
|  | Contribution of relevant examples to explain the content |           |      |      |      |
|  | Organization and clarity of delivery                     |           |      |      |      |
|  |  | •         | 1    |      | •    |
|  |  | Excellent | Good | Fair | Poor |
| Margaret Duffy, Arthritis<br>Foundation, New England Chapter | Presenter's level of expertise                           |           |      |      |      |
|  | Audience involvement                                     |           |      |      |      |
|  | Contribution of relevant examples to explain the content |           |      |      |      |
|  | Organization and clarity of delivery                     |           |      |      |      |
|  |  |           |      | •    |      |
|  |  | Excellent | Good | Fair | Poor |
| Stephanie Fisher, Craven County<br>Health Department, NC     | Presenter's level of expertise                           |           |      |      |      |
|  | Audience involvement                                     |           |      |      |      |
|  | Contribution of relevant examples to explain the content |           |      |      |      |
|  | Organization and clarity of delivery                     |           |      |      |      |

|                               | SESSION EVALUATION 1                                     | FORM                   |           |      |      |      |
|-------------------------------|--|------------------------|-----------|------|------|------|
|                               |  |                        | Excellent | Good | Fair | Poor |
| Leslie Lowe, Multi-County, AL | Presenter's level of expertise                           |                        |           |      |      |      |
|                               | Audience involvement                                     |                        |           |      |      |      |
|                               | Contribution of relevant examples to explain the content |                        |           |      |      |      |
|                               | Organization and clarity of delivery                     |                        |           |      |      |      |
| Additional Comments:          |  |                        |           |      |      |      |
|                               |  |                        |           |      |      |      |
|                               |  |                        |           |      |      |      |
|                               |  |                        |           |      |      |      |
|                               |  |                        |           |      |      |      |
|                               |  |                        |           |      |      |      |
| REGISTRATION FOR Ce           | tified Health Education Specialists (CHES)               |                        |           |      |      |      |
| Yes, I wish to re             | eceive Continuing Education Contact Hours for my partici | ipation in this event. |           |      |      |      |
| My information is as foll     | OWS:   |                        |           |      |      |      |
| Name:                         |  | CHES Number: _         |           |      |      |      |
| Address:                      |  |                        |           |      |      |      |
|                               |  |                        |           |      |      |      |
|                               |  |                        |           |      |      |      |
| E-Mail Address:               |  |                        | -         |      |      |      |

Fax forms to: DHPE Continuing Education, (703) 327-4072 by May 20, 2004. Provider Number DCA48